



With the addition of Healthy Families Missouri to the Continuous Quality Improvement process, the MIECHV Focus is now...

# Quality Outlook

SECOND QUARTER 2015/2016 CYCLE

*"If everyone is moving forward together, then success takes care of itself." - Henry Ford*

## January 2016

S	M	T	W	TH	F	SA
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3	4	5	6	7	8	9
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31						

## February 2016

S	M	T	W	T	F	SA
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28	29					

## March 2016

S	M	T	W	T	F	SA
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27	28	29	30	31		

1st Level CQI  
All Level 1 Teams  
January 11-22, 2016

MIECHV 2nd Level CQI  
February 18, 2016  
866-630-9354  
1:30 pm—3:00 pm

HFMoHV 2nd Level CQI  
February 16, 2016  
866-630-9354  
10:00 am—11:30 am

3rd Level CQI  
March 7, 2016  
1:30 pm—3:30 pm  
DHSS—Wild Pine A  
866-630-9354

## MIECHV Goals for Year 5

MIECHV Year 4 data results show another successful year for children and families enrolled in the MIECHV program, with improvements in over 70 percent of the constructs/performance measures...way to go MIECHV team! However, with success also come challenges. While site level data may paint a different picture for individual programs, the Missouri MIECHV Program as a whole saw negative changes on the following constructs during year 4:

- 1) 1 – 1.1: Prenatal Care
- 2) 2 – 1.2: Parental use of tobacco
- 3) 12 – 2.4: Incidence of child injuries requiring medical treatment
- 4) 15 – 2.7: First-time victims of maltreatment
- 5) 27 – 4.1: Screening for domestic violence
- 6) 29 – 4.3: Of women identified for the presence of domestic violence, number of families for which a safety plan was in the process of being created, completed, or reviewed

To improve on the above constructs through Year 5, collaboration will be key. The CQI Process will be instrumental in implementing site level changes, and for Level 2, sharing site level challenges and successes to help other programs succeed in making improvements.

**Action Alert: Develop goals for improving the above constructs. Be prepared to share these goals with other programs as site level data becomes available. Also, discuss any additional quality reports that may be helpful in improving outcomes for the above constructs.**

## Healthy Families Missouri Home Visiting (HFMoHV)

Data generated by the Office of Epidemiology shows that twenty-five (25) of forty-two (42), or 60%, of women who received a six-month post-enrollment visit were screened for domestic violence. Additionally, of the three (3) women who screened positive for the presence of domestic violence, none (0) were referred for services or developed a safety plan.

As a reminder, the consultant for domestic violence, Dr. Linda Bullock, was contacted to provide clarification on how to score the Domestic Violence Enhanced Visitation (DOVE): Abuse Assessment Screen (AAS). Nurses/home visitors should only count a participant as having a positive screen if they answer "yes" to questions 2, 3, 4, or 5. Answering "yes" to question 1 alone is not considered a positive screen; however, if the participant is still having unresolved issues with past abuse, a mental health referral should be made. A safety plan should be created/discussed with clients who screen positive for domestic violence. The client should also be offered a referral to domestic violence services.

**Action Alert: Discuss the DOVE: AAS and DOVE: Women's Experience with Battering (WEB) Scale with staff. Review any challenges that might be causing a barrier in conducting the screenings and developing a safety plan for those who screen positive.**

## RESOURCES

### Traumatic Brain Injury (TBI)

[www.childrenssafetynetwork.org/sites/childrenssafetynetwork.org/files/TBI\\_ResourceGuide2013\\_0\\_0.pdf](http://www.childrenssafetynetwork.org/sites/childrenssafetynetwork.org/files/TBI_ResourceGuide2013_0_0.pdf)



Studies have found that the four most common causes of TBI are falls, motor vehicle/traffic crashes, struck by/against events, and assaults (Centers for Disease Control and Prevention 2010). In this resource guide, we provide information on fall prevention, motor vehicle safety, bicycle safety, sports safety, and abuse prevention as they relate to the prevention of TBI.

The purpose of this special newsletter issue is to help state Maternal and Child Health and Injury and Violence Prevention programs respond to the needs of infants, adolescents, and adults who are at risk for TBI. This newsletter contains links to data, research studies, information on policy and legislation, prevention strategies, tools for program planning, and a list of national organizations that address TBI.

For a comprehensive look at this important issue, visit the companion CSN Sport-Related Concussion Fact Sheet Series:

[www.childrenssafetynetwork.org/publications/csns-sport-related-concussions-children-and-adolescents-fact-sheets-2013](http://www.childrenssafetynetwork.org/publications/csns-sport-related-concussions-children-and-adolescents-fact-sheets-2013).

### Project ChildSafe

[www.projectchildsafe.org/](http://www.projectchildsafe.org/)

Project ChildSafe is a 501(c)(3) tax-exempt, nonprofit charitable organization committed to promoting firearms safety among firearms owners through the distribution of safety education messages and free firearm [Safety Kits](#). The kits include a cable-style gun-locking device and a [brochure](#) (also available in [Spanish](#)) that discusses safe handling and secure storage guidelines to help deter access by unauthorized individuals.

Project ChildSafe is a real solution to making our communities safer. More than 15,000 law enforcement agencies have partnered with the program to distribute more than 36 million firearms safety kits to gun owners in all 50 states and the five U.S. territories. Through vital partnerships with elected officials, community leaders, state agencies, businesses, the firearms industry and other stakeholders, Project ChildSafe has helped raise awareness about the safe and responsible ownership of firearms and the importance of securely storing firearms to help reduce accidents and access by unauthorized individuals.



To learn more about Project ChildSafe, check out our [infographic](#) and [fact sheet](#).

For information on child firearm injury, visit

[www.childrenssafetynetwork.org/sites/childrenssafetynetwork.org/files/CSN\\_FirearmFactSheet\\_Children2014.pdf](http://www.childrenssafetynetwork.org/sites/childrenssafetynetwork.org/files/CSN_FirearmFactSheet_Children2014.pdf)

### Fire and Burn Prevention: 2015 Resource Guide

<http://www.childrenssafetynetwork.org/sites/childrenssafetynetwork.org/files/FireSafetyOct2015.pdf>

This resource guide provides links to organizations, programs, publications, and resources focused on fire and burn prevention. It is divided into eight sections: (1) organizations; (2) campaigns, programs, and toolkits; (3) legislation; (4) burns and scalds; (5) fire statistics and prevention; (6) fire setting; (7) resources for children; and (8) resources produced by CSN. Each item in this resource guide includes a short description and a link to the resource itself. Descriptions of reports, guides, toolkits, campaigns, websites, and initiatives are, in most cases, excerpted from the resources themselves while descriptions of research studies are excerpted from the study abstracts.



# January

## National Birth Defects Prevention Month

Remind all women of childbearing age that steps can be taken to promote a healthy pregnancy and a healthy baby. Since nearly half of all pregnancies are unplanned, it is critical that all women capable of becoming pregnant maintain optimal health pre-conceptionally (before getting pregnant) and inter-conceptionally (between pregnancies) to improve birth outcomes and reduce the risk of birth defects. Take a multivitamin with 400 micrograms (mcg) of folic acid daily to prevent up to 70% of serious birth defects; abstain from alcohol, tobacco, and illegal drugs; monitor medication and prescription drugs; avoid exposure to secondhand smoke and harmful chemicals; have a preconception checkup followed by early and regular prenatal care; and learn your family medical history. Visit <http://health.mo.gov/pregnancyandbeyond> or call the Bureau of Genetics and Healthy Childhood at 800-877-6246.



## Poverty in America Awareness Month

- ♦ 1 in 7 American households were food insecure last year.
- ♦ Population 46.2 million—Poverty USA has the same population as Texas, New Mexico, Oklahoma, Kansas, Colorado, Arizona, Utah, Wyoming, Nevada and Nebraska—combined.
- ♦ 1.6 million children stayed in a shelter or emergency housing last year.
- ♦ 1 in 6 Americans live in Poverty USA



To learn more about poverty in the United States, visit Poverty USA at [www.povertyusa.org/](http://www.povertyusa.org/).

# February

## Congenital Heart Defect Awareness Week, February 7 - 14, 2016

- ♦ Congenital heart defects (CHDs) are the most common birth defect, affecting approximately 1 in every 125 babies (about 1 percent or 40,000 babies) every year in the United States.
- ♦ There are approximately 35 different types of CHDs.
- ♦ CHDs are present at birth and can affect the structure of the baby's heart and the way it works.
- ♦ About 1 in every 4 babies born with a heart defect has a critical congenital heart defect (CCHD). Babies with CCHD are at risk for serious health problems or death without surgery or other procedures within their first year of life.
- ♦ In Missouri, all babies are required to be screened for CCHD soon after birth. Screening is painless, non-invasive, and can help detect CCHDs early allowing for treatment that can prevent disability and death early in life.
- ♦ For more information about CCHD screening in Missouri visit [www.health.mo.gov/cchd](http://www.health.mo.gov/cchd).

## Rare Disease Day

February 29, 2016, has been designated as Rare Disease Day. In the United States, any disease affecting fewer than 200,000 Americans is considered rare. According to the National Institutes of Health (NIH), there are nearly 7,000 such diseases affecting nearly 30 million Americans. As many as one in ten Americans are suffering from a rare disease. Many of these diseases are genetic and more than half of the people who have rare diseases are children. Studies have shown that it often takes five years or longer to get an accurate diagnosis of a rare disease. In addition, only about 200 of the diseases classified as rare have approved treatments. To learn more about Rare Disease Day go to <http://rarediseaseday.us/about/> and to learn about rare diseases go to the National Organization for Rare Disorders (NORD) <http://rarediseases.org/>.

# March

## Brain Injury Awareness Month

The Brain Injury Association of America's (BIAA) mission is to advance brain injury prevention, research, treatment, and education and to improve the quality of life for all people affected by brain injury. We are dedicated to increasing access to quality health care and raising awareness and understanding of brain injury. With a network of [state affiliates](#), local chapters, and support groups, we are the voice of brain injury. The BIAA leads the nation in observing Brain Injury Awareness Month in March each year. Brain injury advocates are invited to join us for Brain Injury Awareness Day on Capitol Hill on Wednesday, March 16, 2016.





Missouri Department of Health and Senior Services  
Section for Healthy Families and Youth  
Bureau of Genetics and Healthy Childhood  
930 Wildwood, P.O. Box 570  
Jefferson City, Missouri 65102-0570  
573-751-6266  
Fax: 573-751-6185

### **Final Notes and Reminders**

**For Level One MIECHV Teams, remember to submit your detailed activity log to Nicki Kraust-Schmitt at [nkraust@sehealth.org](mailto:nkraust@sehealth.org), Barb Gleason at [bgleason@sehealth.org](mailto:bgleason@sehealth.org), and Holly Otto at [Holly.Otto@health.mo.gov](mailto:Holly.Otto@health.mo.gov) by February 3, 2016.**

**For Level One HFMoHV Teams, remember to submit your detailed activity log to Amy Sielaff at [Amy.Sielaff@cornerstonesofcare.org](mailto:Amy.Sielaff@cornerstonesofcare.org), Gary Johnson at [Gary.Johnson@GreatCircle.org](mailto:Gary.Johnson@GreatCircle.org), and Holly Otto at [Holly.Otto@health.mo.gov](mailto:Holly.Otto@health.mo.gov) by February 3, 2016.**

**For the Level Two Teams, please submit your detailed activity log to Holly Otto at [Holly.Otto@health.mo.gov](mailto:Holly.Otto@health.mo.gov) by February 29, 2016.**

## **Successes and Celebrations!**

- ◆ A client was enrolled in the Nurse Family Partnership program by the third nurse to contact her. The first two nurses had issues meeting with her due to her homelessness and she finally connected with the third. During her pregnancy she was able to mend the relationship with her mother who has five other children younger than the client. Ultrasounds during pregnancy showed that the baby's kidneys were not developing and that there was no stomach. The client was advised to end her pregnancy. She decided to continue with the pregnancy and delivered a preterm infant who was on dialysis during his first couple of weeks. Mom was able to stay in the hospital and pumped breast milk, still being told that her baby may not survive. Through all this stress and change in her life she has returned home to a place of her own and the baby is now 21 months old with no current medications or delays. She continues to breastfeed!
- ◆ A mother enrolled in the program was a victim of domestic violence. During the course of the home visits, the mother and home visitor created a safety plan and an "emergency binder." The binder contained many essential items that she would need if she ever found herself in an emergency situation—Social Security cards, birth certificates, addresses and phone numbers, extra keys, and money. Mom and her child moved with her boyfriend out of the service area. After a couple of months, the home visitor received a message on her voicemail stating that mom had been in a physical altercation with the boyfriend and had to leave. Because mom had the safety plan and emergency binder, she was able to get back home to safety with her family. Mom thanked the home visitor for helping her and her son stay safe. The home visitor is in touch with mom and is hoping she will re-enroll in the program once she is settled.

### **It's January....let's remember to change our REDCap password!**

Change your REDCap password at <https://webapps.missouri.edu/revamp/wizards/passwordManager/passwordManager.jsp>

For Technical Assistance with password reset, please call the University of Missouri hospital help desk at 573-884-4357.

For other non-password related concerns, please contact Technical Assistance via one or both of the following contacts: [muredcap@health.missouri.edu](mailto:muredcap@health.missouri.edu) or 855-733-7921.